



101 CITY HALL PLAZA | DURHAM, NC 27701
919.560.4214 | F 919.560.4969
HRConnect@DurhamNC.gov
www.DurhamNC.gov

Complete your Biometric Screening by November 30, 2017.

You have until **November 30th** to complete your annual Biometric Screening. It is the second requirement to receive the reduced wellness rate for your 2018/2019 medical insurance premiums. Currently, you have three options for completing your biometric screening. To participate in any of the three options, you must first register for an account through My.QuestForHealth.com.

(All employees must use the sign up now option; previous login information will not allow access.)

(Registration Key: CityofDurham2017)

Option #1 – On-site City Clinic

Schedule your on-site screening by registering online at My.QuestForHealth.com, or via phone at 1-855-623-9355 on weekdays from 7:00 a.m. – 8:30 p.m. and Saturday 7:30 a.m. – 4:00 p.m., to request a location. Instructions to login to My.QuestForHealth.com are provided on page 2 below, and instructions to register for an on-site clinic begin on page 6 below.

Reminder: Appointments are on a first come, first serve basis, and no walk-ins will be accepted. Only confirmed appointments will be accepted. You must sign up two weeks in advance as the online schedule will close two weeks prior to the scheduled on site clinic date.

Option #2 – Physician Results Form – Office Visit Copay may apply

To participate using a Physician Results Form, begin by visiting My.QuestForHealth.com. Instructions to login to My.QuestForHealth.com are provided on page 2 below, and instructions to obtain the Physician Results Form begin on page 18 below.

Reminder: If your physician does not test for tobacco use, you will need to complete the [Tobacco Use Affidavit](#), and submit it along with your Physician Results Form to (844) 560-5221. Forms with incomplete data will not be accepted. HR will not be accepting paper forms; they must be faxed to the number provided, or uploaded to the Quest site.

Option #3 - Visit a Quest Patient Service Center – No Cost (Locations in Cary and Raleigh)

To schedule a screening at a Patient Service Center, begin by visiting My.QuestForHealth.com, or via phone at 1-855-623-9355 on weekdays from 7:00 a.m. – 8:30 p.m. and Saturday 7:30 a.m. – 4:00 p.m., to request a location. Instructions to login to My.QuestForHealth.com are provided on page 2 below, and instructions to schedule a screening at a Patient Service Center begin on page 13 below.

Please call HR Connect at (919) 560-4214 or email HRConnect@DurhamNC.gov for assistance.

How to Login or Register at My.QuestForHealth.com

- Visit My.QuestForHealth.com
- If you've already established an account, use the **Sign In** area to enter your **username** and **password** and click the green **Login** button
 - If you've forgotten your login information, use the **Password** link to reset your password or the **Username** link to retrieve your username
- If you've never registered on the site to establish an account, use the **Sign up Now** area, and click the **Register Now** button

It's Good to Know

When it comes to your health and wellness, it's good to know your most important health measures, risks, and where to focus so you can live healthier. That is where Quest Diagnostics Health & Wellness can help. We provide you with the insights that can help you improve your health, so begin your quest for better health today.

Sign In

Username

Password

Login

Forgot Your [Password?](#)

Forgot Your [Username?](#)

Sign Up Now

You will need a registration key to complete your wellness registration.

Register Now

To complete step 1 of the registration process:

- Enter your **Registration Key** (this should have been provided in a communication from your employer)
- Click the green **Continue** button

Health & Wellness

Quest
Diagnostics™

 [Contact Us](#)

It's Good to Know

When it comes to your health and wellness, it's good to know your most important health measures, risks, and where to focus so you can live healthier. That is where Quest Diagnostics Health & Wellness can help. We provide you with the insights that can help you improve your health, so begin your quest for better health today.

Enter Registration Key

STEP 1 — 2 — 3

REGISTRATION KEY

Continue

Already have an account [Sign In Now](#)

Registration Key: **CityofDurham2017**

Your Registration Key is located in a communication from your company.

To complete step 2 of the registration process:

- Under **Eligibility Verification**, enter your Unique ID and your Date of Birth
 - Your Unique ID is your 10-digit Member ID beginning with W (For example if your Member ID says YPPW12345678, you should enter W12345678 and the 2 numbers beside your name (usually 01))
- Under **Create Your Account**, create a username and password and confirm your password
 - Password Requirements
 - Must be at least 8 characters
 - Must contain one number or one special character
 - Must contain one uppercase alpha character
 - Must contain one lowercase alpha character
 - Cannot equal the Username
 - Cannot equal the previous 10 passwords of any password used in the previous 12 months
- Check the box to accept the terms and conditions of the site
- Click the green **Continue** button

Confirm Eligibility

STEP



Eligibility Verification

If you have BCBS medical coverage through City of Durham, enter your 10-digit Member ID beginning with W (For example if your Member ID says YPPW12345678, you should enter W12345678 plus the 2 numbers beside your name (usually 01)), followed by your date of birth. If you do not have BCBS medical coverage through City of Durham, enter your Employee ID followed by your date of birth.

INSURANCE ID/EMPLOYEE ID DATE OF BIRTH

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Create Your Account

USERNAME

PASSWORD

CONFIRM PASSWORD

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

< Back

Continue

To complete step 3 of the registration process:

- Verify or complete all of the information under **Personal Information**
 - Please note that an email address is required and will be used in a case where you need to retrieve your username or reset your password
- Verify or complete all of the information under **Mailing Address**
- Click the green **Continue** button

Enter Your Information

STEP

✓

✓

3

Personal Information

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

PHONE

EMAIL ADDRESS

Mailing Address

ADDRESS (LINE 1)

ADDRESS (LINE 2)

CITY

STATE

ZIP CODE

COUNTRY

< Back

Continue

Health & Wellness




How to schedule your screening



- Visit My.QuestForHealth.com and use the **Sign In** area to log in using the username and password you created
- Or, if you are a new user, please click the **Register Now** button in the **Sign Up Now** area to register
- After logging in, or registering, click **Get Started** to go to the **Screening Homepage**



- Click **Participate Now** to schedule your appointment, download a Physician Results Form, or order at-home test materials

Health & Wellness

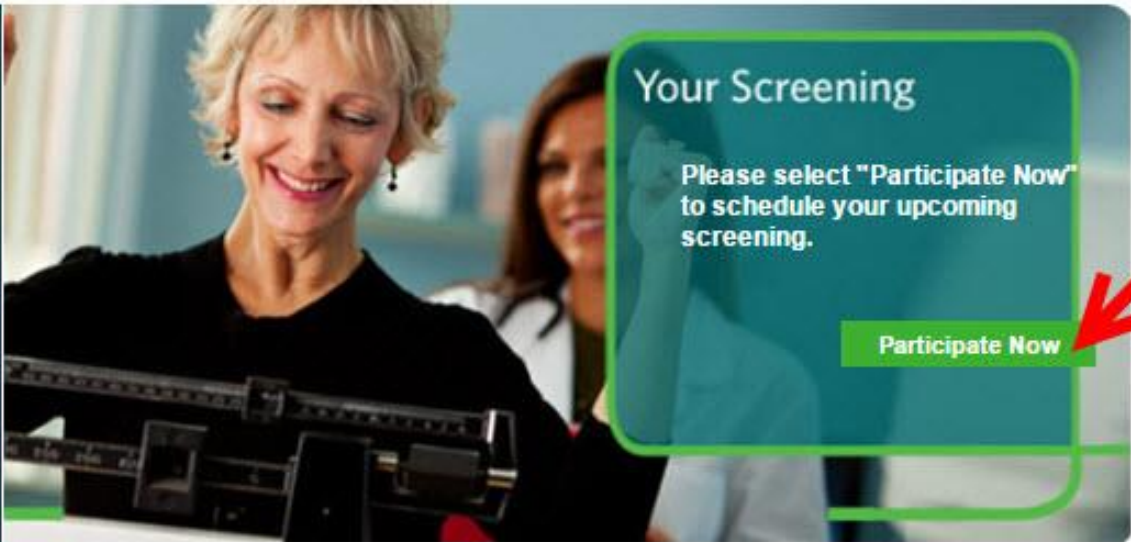
 Quest Diagnostics™

 My Account  Contact Us [Logout](#)

Welcome, Sample Participant

WELCOME

YOUR SCREENING



Your Screening

Please select "Participate Now" to schedule your upcoming screening.

Participate Now

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- To schedule an appointment at an onsite event, from your screening options, click the **Make an Appointment** button in the **At An Event** box

Health & Wellness



[My Account](#)



[Contact Us](#)

[Logout](#)

Schedule Your Screening

Welcome, Sample Participant

Your path to Health & Wellness starts here. To get started, select a screening option below, that is convenient for you.

AT A PATIENT SERVICE CENTER

Schedule a screening at a nearby Quest Diagnostics location.

[Schedule a Screening](#)

AT AN EVENT

Attend a wellness event at work or a location designated by your organization.

[Make an Appointment](#)

PHYSICIAN RESULTS FORM

Download a form that your health provider completes with your recent test results.

[Download Form](#)

AT-HOME TEST

Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.

[Request Materials](#)

- Select the onsite event location where you'd like to complete your screening
- Click the green **Next** button

Health & Wellness



My Account

Contact Us

[Logout](#)

Schedule Screening

1 Sample Participant

123 Sample Street
Sample, NY 21234
[none@none.com](#)

2 LOCATION:

3 TIME:



21234

Location

Distance

New York Office

0 mi

10101 Renner Blvd New York City, NY 21234

[More Info](#)

Kansas City Office

964 mi


8400 Hawthorn Rd Kansas City, MO 64120



[More Info](#)

Next



- Select the **Date** and the **Time** when you would like to complete your screening
- Click the green **Next** button



Health & Wellness



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 My Account  Contact Us [Logout](#)

Schedule Screening

1  **Sample Participant**
123 Sample Street
Sample, NY 21234
[none@none.com](#) 

2  LOCATION:
New York Office 

3  TIME:
November 11, 7:50 AM 

Available times for
New York Office

November

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

7:00 AM - 8:25 AM >


7:00 AM	7:30 AM	8:00 AM
7:05 AM	7:35 AM	8:05 AM
7:10 AM	7:40 AM	8:10 AM
7:15 AM	7:45 AM	8:15 AM
7:20 AM	7:50 AM	8:20 AM
7:25 AM	7:55 AM	8:25 AM

Next

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- Verify that all the appointment details shown on the screen are accurate
- Click the green **Confirm** button
 - NOTE: Your appointment is **NOT scheduled** until you click the green **Confirm** button


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Schedule Screening

1  **Sample Participant**
123 Sample Street
Sample, NY 21234
[none@none.com](#)

2  LOCATION:
New York Office

3  TIME:
Nov 11, 7:50 AM



Check your appointment details. Does everything look correct?
☒ Send a reminder email 48 hours before my appointment
☐ Would you like to fax results to your physician?

Confirm

Your appointment is not scheduled until you click confirm.

If the information on the left is not accurate, click on the appropriate section to update.

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- Once your appointment has been scheduled you will arrive at the **Confirmation** screen
- Click the green **Download Appointment Calendar** link to add the appointment reminder to your calendar

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My Account



Contact Us

Logout

Confirmation

Thank You Sample Participant! Your onsite wellness screening has been scheduled.

Appointment [Reschedule](#) | [Cancel](#)

Thursday, Dec 29, 2016 at 8:15 AM

Location:

Lenexa, KS-LEN
10101 Renner Blvd.
Lenexa, KS 66219
9139999999

Prepare for Your Appointment

Do not eat or drink anything, except water, for 9-12 hours prior to the blood test.

Drink two glasses of water during the two hours prior to your blood test. Wear loose fitting sleeves.

Helpful Appointment Information

Your screening must be completed by Friday, Mar 17, 2017

For questions, contact the Health & Wellness Service Center: 1.855.623.9355

[Download Appointment Calendar](#)

- To schedule a screening at a PSC, from your screening options, click the **Schedule a Screening** button in the **At A Patient Service Center** box

Health & Wellness



My Account



Contact Us

Logout

Schedule Your Screening

Welcome, Sample Participant

Your path to Health & Wellness starts here. To get started, select a screening option below, that is convenient for you.

AT A PATIENT SERVICE CENTER

Schedule a screening at a nearby Quest Diagnostics location.

Schedule a Screening

AT AN EVENT

Attend a wellness event at work or a location designated by your organization.

Make an Appointment

PHYSICIAN RESULTS FORM

Download a form that your health provider completes with your recent test results.

Download Form


AT-HOME TEST


Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.


Request Materials

- Select the **Quest Diagnostics PSC location** where you'd like to complete your screening
 - Note: To search for PSC locations in other areas than your home zip code, simply change the zip code and click the arrow
- Click the green **Next** button

Health & Wellness


Quest Diagnostics™


 My Account


 Contact Us


[Logout](#)

Schedule Screening






1  **Sample Participant**
123 Sample Street
Sample, NY 21234
[none@none.com](#)


2  LOCATION:
Quest Diagnostics (Harford Road)

3  TIME:

21234 

☐ Walk-in without an appointment

Location	Distance
Quest Diagnostics (Harford Road PSC)  8035 Harford Road Suite B Baltimore, MD 21234 More Info	1 mi
Quest Diagnostics (Fairmount Avenue)  515 Fairmount Ave Suite 403 Towson, MD 21286 More Info	3 mi
Quest Diagnostics (Whitemarsh PSC)  8114 Sandpiper Cir Suite 112 Nottingham, MD 21236 More Info	4 mi
Quest Diagnostics (Seven Square Park PSC)  9110 Philadelphia Road Suite 212 Baltimore, MD 21237 More Info	4 mi
Quest Diagnostics (Lutherville)  4205 York Road Suite 45A Lutherville, MD 21093	5 mi


 - Biometric measurements (height, weight, blood pressure) available at this location



Next

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- Select the **Date** and the **Time** when you would like to complete your screening
- Click the green **Next** button


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My Account Contact Us [Logout](#)

Schedule Screening

1  **Sample Participant**
123 Sample Street
Sample, NY 21234
none@none.com

2  LOCATION:
Quest Diagnostics (Harford Road PSC)

3  TIME:
July 25, 10:00 AM

Available times for
Quest Diagnostics

☐ Walk-in without an appointment

July

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
		25	26	27	28	29
30	31					

7:45 AM - 2:30 PM

7:45 AM	9:45 AM	11:15 AM
8:15 AM	10:00 AM	11:30 AM
8:45 AM	10:15 AM	12:00 PM
9:00 AM	10:30 AM	1:30 PM
9:15 AM	10:45 AM	2:00 PM
9:30 AM	11:00 AM	2:30 PM


Is the perfect time not available? [Try a different location](#)



Next

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- Verify that all the appointment details shown on the screen are accurate
- Click the green **Confirm** button
 - NOTE: Your appointment is **NOT scheduled** until you click the green **Confirm** button


Health & Wellness


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 My Account  Contact Us [Logout](#)

Schedule Screening

1  **Sample Participant**
123 Sample Street
Sample, NY 21234
[none@none.com](#)

2  LOCATION:
[Quest Diagnostics \(Harford Road PSC\)](#)

3  TIME:
[Jul 25, 10:00 AM](#)

 **Check your appointment details. Does everything look correct?**
☒ Send a reminder email 48 hours before my appointment

Confirm

Your appointment is not scheduled until you click confirm.

If the information on the left is not accurate, click on the appropriate section to update.

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- Once your appointment has been scheduled you will arrive at the **Confirmation** screen
- Click the green **Download Appointment Calendar** link to add the appointment reminder to your calendar

Health & Wellness



My Account



Contact Us

Logout

Confirmation

Thank You Sample Participant! Your wellness screening has been scheduled.

Appointment [Reschedule](#) | [Cancel](#)

Monday, Dec 05, 2016 at 2:45 PM

Location:

Quest Diagnostics-Quivira
10550 Quivira Rd
Overland Park, KS 66215-23^^
913-859-9248

[Download Appointment Calendar](#)

Prepare for Your Appointment

Do not eat or drink anything, except water, for 9-12 hours prior to the blood test.

Drink two glasses of water during the two hours prior to your blood test. Wear loose fitting sleeves.

Helpful Appointment Information

Your screening must be completed by Friday, Mar 17, 2017

For questions, contact the Health & Wellness Service Center: 1.855.623.9355



[Download Your Appointment Form](#)

- To participate using a Physician Results Form, from your screening options, click the **Download Form** button in the **Physician Results Form** box

Health & Wellness



My Account



Contact Us

Logout

Schedule Your Screening

Welcome, Sample Participant

Your path to Health & Wellness starts here. To get started, select a screening option below, that is convenient for you.

AT A PATIENT SERVICE CENTER

Schedule a screening at a nearby Quest Diagnostics location.

Schedule a Screening

AT AN EVENT

Attend a wellness event at work or a location designated by your organization.

Make an Appointment

PHYSICIAN RESULTS FORM

Download a form that your health provider completes with your recent test results.

Download Form

AT-HOME TEST

Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.

Request Materials

- Use the link next to the image of the form to download and print your personalized Physician Results Form
- Verify that all of your personalized information included in the form is accurate and have your physician complete the form

Health & Wellness



My Account



Contact Us

Logout

Confirmation

Thank You Sample Participant! Your wellness screening form is ready to download and take to your Healthcare Provider.

Physician Results Form [Cancel](#)

Test(s) must be completed on or before:
Friday, Mar 17, 2017

Physician Results Form Must be Returned by:
Friday, Mar 17, 2017

Prepare for Your Appointment

Thank you for selecting the Physician Result Form option.

Take the below form to your Healthcare Provider. Be sure they complete the form in its entirety and fax it to the number provided before your deadline.

Helpful Appointment Information

For questions, contact the Health & Wellness Service Center: 1.855.623.9355

Next Steps For You

1. Return Physician Results Form
2. Fax your completed form to 844.560.5221 or [upload your completed form directly.](#)



[Download Your Form](#)

After your doctor completes the form, there are three options for submitting the form to Quest Diagnostics

- Your doctor can fax the completed form to the fax number indicated on the form, or
- You may fax the completed form to the fax number indicated on the form, or
- You may submit your completed form to Quest Diagnostics electronically using the **Upload Physician Form** button in the upper right hand corner of the **Homepage** or the **upload your completed form directly** link on the **Confirmation** page
 - To use this method to submit your form, click the **Upload Physician Form** button or **upload your completed form directly** link and proceed to the next slide for further instructions

The image displays two screenshots of the Quest Diagnostics website interface.

Top Screenshot (Welcome Page):

- Header: "Health & Wellness" and "Quest Diagnostics" logo.
- Navigation: "My Account", "Contact Us", "Logout".
- Greeting: "Welcome, Participant Test".
- Buttons: "Upload Physician Form" (highlighted with a red arrow).
- Section: "Your Screening" with a video player showing a woman at a kiosk.
- Text: "A Physician result form has been created and returned".
- Footer: "About Us | Contact Us | FAQ | Privacy Policy | © 2000-2016 Quest Diagnostics Incorporated. All rights reserved."

Bottom Screenshot (Confirmation Page):

- Header: "Health & Wellness" and "Quest Diagnostics" logo.
- Navigation: "My Account", "Contact Us", "Logout".
- Section: "Confirmation".
- Text: "Thank You Sample Participant! Your wellness screening form is ready to download and take to your Healthcare Provider."
- Buttons: "Physician Results Form" (with a "Cancel" link), "Download Your Form" (highlighted with a red arrow).
- Text: "Test(s) must be completed on or before: Friday, Mar 17, 2017".
- Text: "Physician Results Form Must be Returned by: Friday, Mar 17, 2017".
- Image: A thumbnail of the "Physician Results Form".
- Section: "Prepare for Your Appointment".
- Text: "Thank you for selecting the Physician Result Form option. Take the below form to your Healthcare Provider. Be sure they complete the form in its entirety and fax it to the number provided before your deadline."
- Section: "Next Steps For You".
- List:
 1. Return Physician Results Form
 2. Fax your completed form to 844.560.5221 or [upload your completed form directly](#).
- Section: "Helpful Appointment Information".
- Text: "For questions, contact the Health & Wellness Service Center: 1.855.623.9355".
- Footer: "About Us | Contact Us | FAQ | Privacy Policy | © 2000-2016 Quest Diagnostics Incorporated. All rights reserved."

- After selecting **Upload Physician Form**, a **Confirm Your Email** window will pop up
 - To use this option you must have a working email address on file for notification purposes in the event your form is rejected
- If the email address that appears is blank or incorrect, click the **Edit** button
 - This will take you to the **My Account** page where you can update the email address on file
 - You will need to update your email address and click **Save** to return to the homepage where you can click the **Upload Physician Form** button to begin the uploading process
- If the email address that appears in the **Confirm Your Email** window is correct, click the **Yes** button to proceed

The screenshot shows the Quest Diagnostics website interface. At the top, the 'Health & Wellness' logo is on the left, and the Quest Diagnostics logo is in the center. On the right, there are links for 'My Account', 'Contact Us', and 'Logout'. Below the header, a large green banner reads 'Welcome, Participant Test'. To the right of this banner is a button labeled 'Upload Physician Form'. The main content area features a background image of two smiling women. Overlaid on this is a 'Your Screening' box with the text 'A Physician result form has been created but not yet returned' and a 'View / Cancel' button. In the foreground, a 'Confirm Your Email' modal window is open. It contains the text: 'We will use the below email for all communications concerning your Physician Results Form. Confirm that it is correct.' Below this text, the email address 'testparticipant@sampleclient.com' is displayed and highlighted with a red rectangular border. At the bottom of the modal, there are two buttons: 'Yes' (green) and 'Edit' (grey). Two red arrows point towards these buttons, one pointing to 'Yes' and the other to 'Edit'. The modal also has a close button (X) in the top right corner.

- After selecting **Yes** to confirm your email address, the **Verify the Information on Your Form** window will pop up
- Click the **Browse** button to locate your Physician Results Form file on your computer (.jpg, .png, .gif, or .pdf file formats are accepted)

Health & Wellness

My Account
Contact Us
Logout

Welcome Participant Test

Verify the Information on Your Form

Scan your Physician Results Form and upload the file here.

Browse

Select File. (.jpg, .png, .gif or .pdf files only)

Enter Your Results

Be aware that if you don't have a result for a required field below, your results cannot be processed. You will have to contact your physician to get the missing information.

HEIGHT (ft)	(in)	WEIGHT (lbs)	SYSTOLIC BP	DIASTOLIC BP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRIGS (mg/dL)	HDL	TOTAL CHOL	LDL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
GLUCOSE	Nicotine User	Fasting > 9 Hours		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
WAIST (in)				
<input type="text"/>				
Date Test(s) Performed	Healthcare Provider	UPIN/NPI		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

☐ You have signed your form. (if not your results will be rejected)
☐ Your physician has signed the form. (if not your results will be rejected)


Submit


Upload Physician Form


YOUR RESULTS

- The file name should appear next to the **Browse** button once it is selected

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My Account

Contact Us

Logout

Welcome Participant Test

Verify the Information on Your Form

Scan your Physician Results Form and upload the file here.

Browse

PhysicianResultsForm_Example.pdf (.jpg, .png, .gif or .pdf files only)

Enter Your Results

Be aware that if you don't have a result for a required field below, your results cannot be processed. You will have to contact your physician to get the missing information.

HEIGHT (ft)	(in)	WEIGHT (lbs)	SYSTOLIC BP	DIASTOLIC BP
<input type="text" value="ft"/>	<input type="text" value="in"/>	<input type="text" value="lbs"/>	<input type="text"/>	<input type="text"/>
TRIGS (mg/dL)	HDL	TOTAL CHOL	LDL	
<input type="text" value="mg/dL"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
GLUCOSE	Nicotine User	Fasting > 9 Hours		
<input type="text" value="mg/dL"/>	<input type="text" value="Not provided"/>	<input type="text" value="Unknown"/>		
WAIST (in)				
<input type="text" value="in"/>				
Date Test(s) Performed	Healthcare Provider	UPIN/NPI		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<div><input type="checkbox"/> You have signed your form. (if not your results will be rejected)</div> <div><input type="checkbox"/> Your physician has signed the form. (if not your results will be rejected)</div>				
<div>Submit</div>				

Upload Physician Form

YOUR RESULTS

- Enter the results from your form into the fields provided on the **Verify the Information on Your Form** pop-up window before clicking the **Submit** button
- ***Important:** You will be required to enter all lab results required by the Program Panel before being able to click the **Submit** button to upload your completed Physician Results Form. The **Date Test(s) Performed** field is required to fall within the **Collection Date Range** configured for the program before allowing you to click the **Submit** button. If Signatures are required, then the participant will be required to acknowledge these signatures were provided before submitting the form

Health & Wellness **Quest** Diagnostics™ [My Account](#) [Contact Us](#) [Logout](#)

Welcome Participant Test

Verify the Information on Your Form ✕

Scan your Physician Results Form and upload the file here.

[Browse](#) PhysicianResultsForm_Example.pdf (.jpg, .png, .gif or .pdf files only)

[Upload Physician Form](#)

Enter Your Results

Be aware that if you don't have a result for a required field below, your results cannot be processed. You will have to contact your physician to get the missing information.

HEIGHT (ft)	(in)	WEIGHT (lbs)	SYSTOLIC BP	DIASTOLIC BP
6	0	190	119	76

TRIGS (mg/dL)	HDL	TOTAL CHOL	LDL
90	110	95	100

GLUCOSE: 85

Nicotine User: No ☐

Fasting > 9 Hours: Yes ☐

WAIST (in): 32

Date Test(s) Performed	Healthcare Provider	UPIN/NPI
06/14/2016	Dr. Sample	12345678

☒ You have signed your form. (if not your results will be rejected)

☒ Your physician has signed the form. (if not your results will be rejected)

[Submit](#)

YOUR RESULTS

- Once the participant selects “Submit” a **Thank You** window will appear and include a confirmation message
- The **Upload Physician Form** button will no longer be visible on the **Homepage** or the **Confirmation** page
- The **Upload Physician Form** button will only reappear if the form was rejected

